**Artifact Donation Application Form**

To help us organize potential incoming artifact donations we ask that you complete this form so we may contact you in the future if we become able to receive your artifact.

**Contact Details**

|  |  |
| --- | --- |
| Potential Donor Name |  |
| Address |  |
| City |  |
| State |  |
| Zip |  |
| Phone |  |
| Email  |  |

**Why do you wish to donate this/these artifact(s) to the UWAR?**

**Is there anything else you would like us to know about the artifact (s)?**

**Please tick which best describes how you’d like to donate the artifact:**

* Permanently donate artifact to the UWAR. No use restrictions.
* Permanently donating artifact to the UWAR with specific use restrictions. (Please specify):
* Establish short term loan.
* Establish long term loan. (Please specify details of such a loan:

**By signing this form you agree:**

* To let a UWAR representative review your item and decide if the item is in keeping with the UWAR mission. (Please note, in most cases, a final decision on your item will not be made until the artifact is reviewed in person. A UWAR representative may notify you with questions about your artifact.)
* To keep the artifact in your possession until contacted by the UWAR.
* To notify the UWAR as soon as the item becomes unavailable for UWAR use.
* That this form indicates an interest between yourself (“Potential Donor”) and the UWAR. The agreement does not indicate a commitment or obligation on behalf of the UWAR to exhibit your artifact.

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**Print Name Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

**Artifact Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Artifact Number |   |  |   |   |   |
| Artifact Name |   |  |   |   |   |
| Description |   |  |   |   |   |
| Weight (g) |   |  |   |   |   |
| Color |   |  |   |   |   |
| Measurements LxWxH (cm) |   |  |   |   |   |
| Date Made |   |  |   |   |   |
| Previous Owners |   |  |   |   |   |
| Artifact History |   |  |   |   |   |
| Find Location (UTM, PLSS section/quarter)  |   |  |   |   |   |
| Any known landowner details |  |  |  |  |  |

**\_\_\_\_\_ of \_\_\_\_\_\_**